

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: The University of Texas at
Arlington

**Alternative Name(s) of Service Provider (including all names under which the service
provider is doing business):** _____

Address of Service Provider: 701 S. Nedderman Drive, Arlington, TX
76019

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Chauncey D. Jackson

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box
or similar designation is not acceptable except where it is the only address that can be used in the geographic
location):
701 S. Nedderman Drive, B66, Davis Hall
Arlington, TX 76019-0318

Telephone Number of Designated Agent: 817/272-2000

Facsimile Number of Designated Agent: 817/272-5796

Email Address of Designated Agent: cjackson@uta.edu

Signature of Agent or Representative of the Designating Service Provider: _____
Date: 7/27/99

Typed or Printed Name and Title: A. Burl Henderson, Vice Provost for
Computing and Information Technology.

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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